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REISSUE PATENT APPLICATION TRANSMITTAL

			Attaman Danket No.			7000 000000/DEA			
Address to		ŀ	Attorney Docket No.			7382-000020/REA Giacomini et al			
Auuress 10	Mail Stop REISSUE	. 1	First Named Inventor Original Patent Number			6,371,268			
	Director of US Patent and Trademark Of P.O. Box 1450	ffice			, 				
	Alexandria, VA 22313-1450		Original Patent Issue Date (Month/Day/Year)			6/2002			
			Express I	Mail Label No.	EL 6	EL 623481749 US			
APPLIC	CATION FOR REISSUE OF:	Utility	/ Patent Design Patent Plant Patent						
	(check applicable box)								
APPL	ICATION ELEMENTS (37 CFR 1.173)	_	A	CCOMPANYII	NG APP	LICATION PARTS			
1. 🔀 * Fe	ee Transmittal Form (e.g., PTO/SB/56)		 Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) Foreign Priority Claim (35 U.S.C. 119) (if applicable) Information Disclosure						
(Sul	bmit an original, and a duplicate for fee processing)								
2 App	olicant claims small entity status. See 37 CFR 1.27	'.							
	cification and Claims in a double column copy of pa	atent							
E-2	nat (amended, if appropriate)	1							
K-7	wing(s) (proposed amendments, if appropriate)								
	sue Oath / Declaration (original or copy) C.F.R. § 1.175)(PTO/SB/51 or 52)								
•	J.S. Patent currently assigned?								
X Yes	s No	ĺ	Statement (IDS)/PTO-1449 Citations						
_			11. English Translation of Reissue Oath/Declaration						
(If Yes, ci	heck applicable box(es))		(if applicable)						
_			12. X Preliminary Amendment						
Writte	en Consent of all Assignees (PTO/SB/53)	1	13. Return Receipt Postcard (MPEP 503)						
-			(Should be specifically itemized)						
	F.R. § 3.73(b) Statement Power of		14. Other: check in the amount of \$750 (filing fee)						
(PTO	/SB/96) Attorney								
		1				i			
	14. CORRE	SPON	IDENCE	ADDRESS	_				
				III					
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NAME (Print/Type) Ryan W. Massey Registration No. (Attorney/Agent) 38,543									
Signature Ryan W. Massey Date June 25,2003									
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PTO/5B/56 (U8-UU)
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REISSUE APPLICATION FEE TRANSMITTAL FORM Docket Number (Optional) 7382-000020/REA												
Claims as Filed - Part 1												
Claims in	For		Number Filed in Reissue Application			(3)		Small Entity		Other than a Small Entity		
Patent							Rate	F	ee		Rate	Fee
(A) 2	Total Claims (37 CFR 1.16(j))		(B) 2		***	**** 0 =				or	X\$ <u>18</u> =	0
(C) 1	Independent		(D) 1		*o		X\$ =			0,	X\$ <u>84</u> =	0
	Claims (37 CFR 1.16(i))				≈		X\$	-	-			
			Basic Fee (37 CFR 1.16(h))			h)) \$_			-	\$ <u>750</u>		
Total Filing Fee							\$			OR	\$ 750	
Claims as Amended - Part 2												
•		(1) Claims Remaining		(2) Highest Nur		(3) Extra	Sma	all Entit	y	_	Other than	a Small Entity
		After Amendment		Previousl Paid For	ly	Claims Present	Rate) 1	ee		Rate	Fee
Total Clair			MINUS			•	X\$	_	_			
(37 C/ A 1.10		*** 4		** 20		=0	=				X\$ <u>18</u> =	0
Independent Claims (37 CFR 1.16(i))		••• 3	MINUS	***** 14		=0	X\$ =	-			X\$ <u>84</u> =	0
				Total Additional Fe			al Fee	\$			OR	\$0
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 27 CFR 1.27.												
Please charge Deposit Account No. <u>08-0750</u> in the amount of A duplicate copy of this sheet is enclosed.												
☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u> . A duplicate copy of this sheet is enclosed.												
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June 25, 2003 Kyan W. Massey												
Date Signature of Applicant, Attorney or Agent of Record												
Ryan W. Massey, Reg. No. 38,543												
1	Typed or printed name											